



**DSD DANCE CENTER**

705 Bedford Avenue  
Bellmore, NY  
DSDDanceCenter@optimum.net  
(516) 783-6734

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Summer 2013 REGISTRATION

Student: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent Names: \_\_\_\_\_ Parent Cell Phone #'s: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Class # 1

Class #2

Class #3

Class #4

Class #5

Class #6

Class #7

Class #8

Class #9

If you are a new student, how did you hear about us?

Previous Dance Training (Y/N): \_\_\_\_\_ Where: \_\_\_\_\_

PLEASE LIST ANY & ALL MEDICAL CONDITIONS CONCERNING YOUR CHILD(REN)

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I have read, understood, and am in agreement with all the information contained in the online brochure and give my child(ren), who is (are) in good health, permission to participate in DSD Dance Center's 2013 Summer Program. I also agree to the tuition payment terms listed in the online brochure and am responsible for full payment of the summer program upon registration. NO REFUNDS. I hold DSD Dance Center, Inc. and its staff harmless for any and all injuries that may arise from participation in classes or other activities related DSD Dance Center, Inc. In such event, I further agree that the cost of such medical services shall be borne exclusively by me. I hereby authorize DSD Dance Center, Inc. to take any steps necessary to make medical attention available, including physicians, hospitals, or any other medical services, and the School shall have full discretion. Photographs and videos of students from the school may be used for publicity in the future.

Signature of

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Print Name of

Parent/Guardian \_\_\_\_\_

Office use only:

# Family Classes \_\_\_\_\_ Total Due \_\_\_\_\_ Total Paid \_\_\_\_\_ Date \_\_\_\_\_ CA CK# \_\_\_\_\_ CC \_\_\_\_\_